

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: IDS Property Casualty Insurance Company
 NAIC Number: 29068
 Name of Advisory Organization Whose Filing You are Referencing N/A
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: 09/01/2006

Contact Person: John Key, Legislative Analyst
 Signature: *John Key*
 Telephone No: 888.335.3755 ext. 5467

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
BI/PD	N/A – New Program						
PIP							
UM							
UIM							
UMPD							
COMP							
COLL							
RENTAL							
TOTAL OVERALL EFFECT							

NA Apply Lost Cost Factors to Future Filings? (Y or N)
 Estimated Maximum Rate Increase for any Arkansas Insured (%)
 Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Selected Provisions

Year	Policy Count	Rate Change History % Eff. Date	5 Year History AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	8.2 %
							B. General Expense	7.6 %
							C. Taxes, License & Fees	3.0 %
							D. Underwriting Profit & Contingencies	9.7 % Liab / 8.9% PD
							E. Other (explain)	
							F. TOTAL	28.5 % / 27.7 %